

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee**RECEIVED**
SECRETARY OF THE SENATE
PUBLIC RECORDS12 JAN 31 PM 5:47
Office Use Only1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Gillibrand for Senate

ADDRESS (number and street)

236 Massachusetts Ave NE

Suite 110

Check if different
than previously
reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00413914

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

NY

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y
01 / 01 / 2011M M / D D / Y Y Y Y Y
01 / 01 / 2011M M / D D / Y Y Y Y Y
01 / 01 / 2011

through

M M / D D / Y Y Y Y Y
03 / 31 / 2011M M / D D / Y Y Y Y Y
03 / 31 / 2011M M / D D / Y Y Y Y Y
03 / 31 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen Feldman

Signature of Treasurer

Karen Feldman

Date

M M / D D / Y Y Y Y Y
01 / 31 / 2012M M / D D / Y Y Y Y Y
01 / 31 / 2012M M / D D / Y Y Y Y Y
01 / 31 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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(Revised 02/2003)